

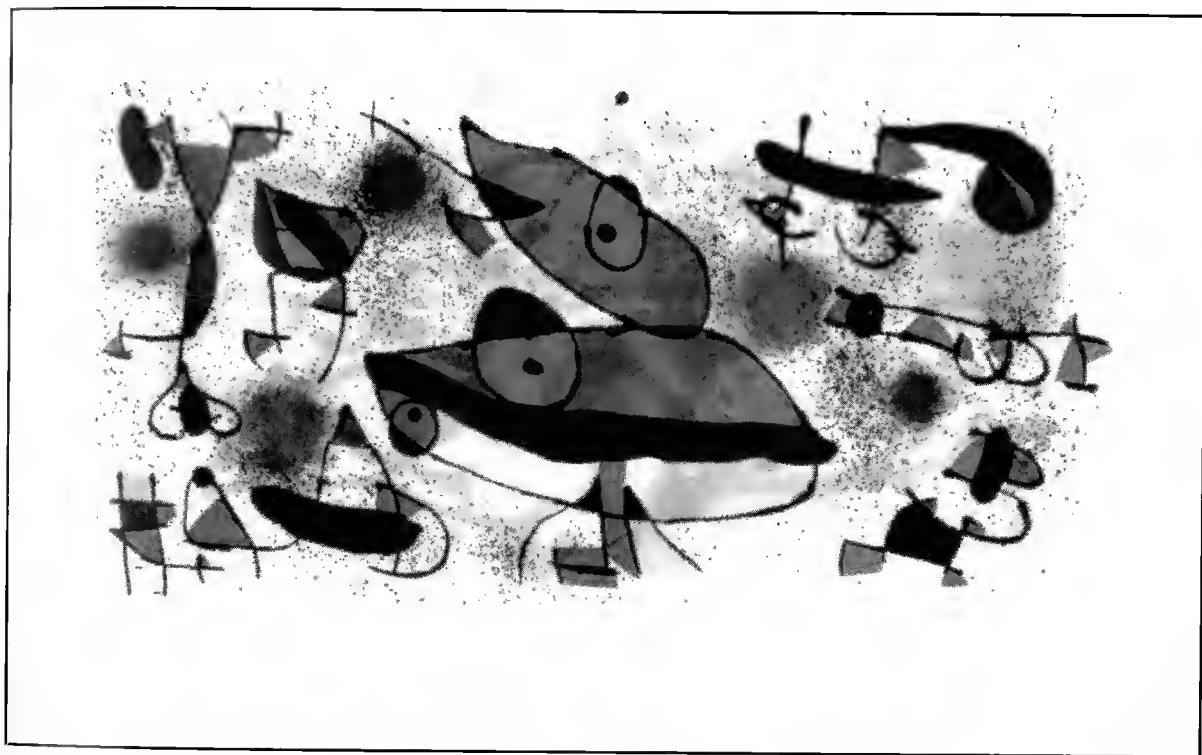
BULLETIN



Vol. 63, No. 6

Bulletin of The Mahoning County Medical Society

November/December 1993



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BULLETIN

Mahoning County Medical Society
Volume 63 November/December 1993 No. 6

Table of Contents

| | |
|--------------------------------|----|
| President's Page | 6 |
| Editor's Page | 8 |
| NEOUCOM | 10 |
| Physician's Advisory | 14 |
| Society Meeting | 15 |
| Distinguished Physician | 16 |
| New Members | 23 |
| On the Cover | 26 |
| From the <i>Bulletin</i> | 34 |

SOCIETY MEETINGS

January 19, 1993

March 26, 1993

May 18, 1993

September 21, 1993

November 16, 1993

December 21, 1993

The *Bulletin* is published six times a year by the Mahoning County Medical Society, 5104 Market Street, Youngstown, Ohio 44512.

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A Service of the Western Reserve Care System.

A Member Laments about Losing Income, Working Longer Hours, and Paying Dues

"Our most difficult and yet most important task as organized physicians should be to develop ideas to make the Society more relevant not only to its own members but also to the local community."

The Medical Society recently received an anonymous letter from a "long timemember," lamenting about some basic issues that affect all of us. Since we could not answer the letter in person, Council suggested that I respond through my last article in the *Bulletin*. I will summarize the letter by saying that the author complained about a projected loss of income, working longer hours, and spending less time at home "with family and children." The author found it distressing that a large portion of his dues paid for "the social life – food and drink – of fellow physicians who are lucky enough to have the leisure time" to attend meetings. The letter writer went on to suggest that Society members who wish to "raise their cholesterol and challenge their livers pay for it out of their own pockets."

The Council of the Medical Society voted several years ago to pay for members' meals at Society meetings out of Society funds because of the poor attendance at those meetings. Attendance has improved significantly since that time, but still less than 10 percent of Society dues are spent on social functions. Members' spouses must still pay their own way, and alcoholic beverages are never paid for. Even at Council meetings, if there are any who choose to "challenge their livers" (I haven't noticed anything constituting a challenge), they must do so at their own expense.

The subject of paying for members' meals also came up at Council recently when one of us pointed out that there are a significant number of attendees who are no longer dues-paying members, i.e., retired members. A lively discussion ensued, but it ended on a rather sober note when we were reminded that many of those who regularly attend our Society meetings are former officers, delegates, and councilors of the Society. Not only does the Society owe a debt to those who have served the membership over the years, but we also hope that their presence will provide inspiration and guidance to the younger members who we hope to recruit for future leadership

positions within the Society.

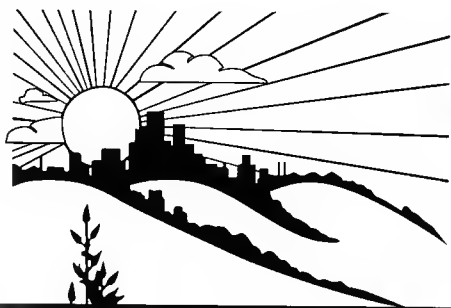
All of us face the specter of lower incomes and higher taxes next year, and in the years to come. Most of us also face additional business operating expense, including the likelihood of an additional 8-12 percent payroll tax as part of health reform. We will all have the irritation and expense of additional paperwork to keep up with all the new regulations and the quality and outcome studies that will be required. With these concerns in mind, an active Society membership should not be regarded as simply an option for leisure time, but rather it should become more and more an issue of our survival as professionals, and a membership will be both an instrument of receiving information and an instrument of communicating our contributions to the debate.

More importantly, we should never lose sight of the broader implications of the health care debate, focusing not just on the impact on physicians and hospitals but on what will happen to our patients, and how it will affect society as a whole. Our most difficult and yet most important task as organized physicians should be to develop ideas to make the Society more relevant not only to its own members but also to the local community. I want to encourage all those who have not attended any of the Society meetings to do so, to engage in an interchange of ideas, and to become more involved in Society activities. It is only through the involvement of a broad segment of the membership that the Society can develop the vision for effectiveness.

In summary, I would urge the letter writer and other currently non-attending members to regard an active membership not as a reflection of leisure time but as an extension of their professional lives. Eating and drinking is not a valid characterization of the Society's activities, and if this is the letter writer's assumption, it is a reflection of being too long out of touch. Please join us for the next meeting. Your practice concerns are the concerns of the entire profession, and we need your participation as much as we need your dues. □



Eric W. Svenson, MD
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Winds of Change

"We have an opportunity at the present time to help frame health system reform in our valley rather than having it dictated to us. But first we must stop passively resisting change by pretending it won't happen here."

Health system reform is a scary thing. And it clearly means different things to different people. I've found it interesting to see how different people and groups have lined up on this subject. It has also been interesting to watch how various individuals are trying to cope with this topic. For instance, WRCS had their quarterly staff meeting recently. The big item on the agenda was review and passage of "The New Bylaws." Now opinions varied about what the "hidden" agenda of "The New Bylaws" was, and precious little consensus was achieved about what was the point of this exercise anyway. All I know is terms like "exclusive contract" were being thrown about, and the more the staff talked about it, the more surly a group of doctors they became. The fact that the hospital has had exclusive contracts with various groups since the time when dinosaurs were still roaming Mill Creek Park notwithstanding. To me it sounded like a bunch of physicians were afraid approving the bylaws would somehow be like signing their own pink slips but didn't want to come out and say so. So instead, there was better than an hour of lively (big yawn) debate and a whole bunch of complex motions before the whole body just rolled over on its side indicating it would submit to any humiliation (Please, just let the agony end). Fortunately, there was a consensus that the meeting was far too long, and why do we have these damn things so close to Christmas anyway?

The point being most physicians still don't know enough about health system reform and are poorly informed (or, perhaps, poorly self-educated) with respect to their options for dealing with this bad boy. Instead, I get the impression most of my colleagues just wish this thing would go away. Or, if they wait long enough, divine revelation will tell them the way to fly. One of the things that came through loud and clear at that meeting was "We're not going to do anything to make it easier

for 'them' to close us out." Bravo! said the ostrich. But wait—Why would the hospital want to "get rid" of us in the first place? Aren't we good for the hospital? Aren't our patients the lifeblood of the hospital, the very reason for its existence in the first place? Perhaps a moment of self-exploration (a term those NEOUCOM alums out there can identify with) is in order. Are we doing anything that is making health system reform scarier for the hospital? And if so, isn't that like cutting your nose off to spite your face? Now this is where we'll see how good we can be at self-exploration. Maybe our stodgy old habit of wrapping ourselves in the flags of defensive medicine and long hospital stays mean better patient care is just a cover-up for our passive-aggressive unwillingness to modify our practice habits. Maybe these behaviors make us less valuable to the hospitals, or make some of us more valuable than others. Maybe the hospitals are just trying to position themselves to survive in the climate of health system reform. Sound familiar? Maybe now is a good time to closely scrutinize the way we practice and increase the value of our stock in the process. Suddenly, maybe the hospitals aren't such villains after all ... in fact, maybe they share the same agenda with us on many points. Wow! ... maybe we could even be partners in this thing in some circumstances. The idea opens up some new horizons, doesn't it?

Or, if not partners with the hospitals, then partners with ourselves. There is safety in numbers ... and I like to think we're smarter than wildebeests. We're intelligent creatures, and intelligent creatures survive by adapting to their environment. Look around, our colleagues are all trying to cope with this situation, and perhaps the herding instinct is a wise one. Now is a good time to look around for natural alliances to form the basis for partnerships and group practices. Solo practice is a very satisfying way to make a living

and gives us the greatest degree of independence. But it also would appear to be the weakest position to bargain from and the most vulnerable to the whims of insurance giants. The trick is not to wait for the winds to become too strong before looking for cover. Because you don't have to watch too many episodes of "National Geographic" to know what happens to the slow wildebeests.

So what is the solution to this conundrum? It is different for each one of us, and those that can decide sooner than later are likely going to be more advantaged. I don't want to steal the new president's thunder, but now is probably a more important time than ever to be active in the Society. The programming for the meetings in the coming year will be focused toward the subject of health system reform and your options for coping and surviving. Our particular area is something of an anachronism in that there has been so little penetration (another of those new buzz words like "cost-effective" and "resource management") of managed care into this market.

We have an opportunity at the present time to help frame health system reform in our valley rather than having it dictated to us. But first we must stop passively resisting change by pretending it won't happen here. Trust me, the Met Elect thing this past summer was just a wake up call for anybody that was listening. School needs to be in session now! □

L. Kevin Nash, MD

The following applications for membership were approved by Council:

Active

Stephanie B. Dewar M.D.
Robert DeMarco M.D.

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Renewed Focus on Community Health

Community health concerns will get increased emphasis by NEOUCOM which has been awarded a \$150,000 grant as part of a new "Health of the Public" program.

NEOUCOM is only one of 28 academic health centers in the United States selected to participate in the \$7.8 million program sponsored by The Pew Charitable Trusts and The Robert Wood Johnson Foundation (in collaboration with The Rockefeller Foundation).

NEOUCOM faculty and students will work closely with community health professionals throughout northeast Ohio to identify health care concerns, determine priorities, and set goals and objectives for improving health care.

NEOUCOM also proposes to change its curriculum to increase the community awareness and population medicine skills of medical students, residents and other health professionals.

"These changes will better equip NEOUCOM graduates to practice in community settings and increase the number of our graduates seeking community-based primary care practices," said Robert Blacklow, M.D., NEOUCOM president and dean, project director of the Health of the Public grant.

Initially, C. William Keck, M.D., M.P.H., co-project director of the NEOUCOM Health of the Public program and Director of NEOUCOM's Division of Community Health Sciences, will link curriculum changes with the Assessment Protocol for Excellence in Public Health (APEX) process already underway through the Akron, Barberton and Summit County health departments. Keck is also director of the Akron health department.

In changing its curriculum, NEOUCOM proposes to institute a "Continuity of Care" program for each junior medical student who will be assigned a family physician and patient family to follow during the year. The student will join the family whenever there is a medical or other health care related situation.

NEOUCOM is also considering a program for senior medical students in which

community health problems will be assigned to interdisciplinary teams of medical students and students from other health professions for analysis and critique. The students will be required to look at community health needs – not individual needs – and come up with community-based recommendations for health improvement and prevention.

NEOUCOM students receive their clinical education at hospitals in Akron, Canton, and Youngstown. The proposed changes will take place initially in Akron and then at the Youngstown and Canton clinical campuses.

"This type of community partnership with the medical school is imperative if American medical education is to meet the demands society is placing on us to respond to health problems at the community level," Blacklow said. "There must be a congruence among the needs of society, the incentives and reimbursements for medical practice, and the willingness of the medical education profession to embrace a balance between individual patient care and population medicine."

"Medical schools must no longer be reactive in this process but, following the lead of community-based institutions like NEOUCOM, must take the lead in changing both themselves and their communities for the betterment of both," he said.

"Not only have we increased the number of academic health centers in the new program, but we've upped the ante," said Thomas S. Inui, Sc.M., M.D., Health of the Public program director.

"We now expect academic health centers to establish collaborative relationships with the communities that support them. By entering into partnerships with local government and community organizations, academic health centers can better identify and address the specific health care needs of local populations."

The Pew Charitable Trusts, a national and international philanthropy with a special commitment to Philadelphia, support non-profit activities in the areas of conservation and the environment, culture, education, health and human services, public policy

and religion. Through their grant making, the trusts seek to encourage individual development and personal achievement, cross-disciplinary problem solving and innovative, practical approaches to meet the changing needs of society.

The Robert Wood Johnson Foundation is the nation's largest philanthropy devoted exclusively to health and health care. The foundation's other initiatives in medical education include the "Generalist Physician Initiative," the "Generalist Physician Faculty Scholars Program," the "Minority Medical Education Program," the "Minority Medical Faculty Development Program," "Preparing Physicians for the Future: A Program in Medical Education," and "Practice Sights." □

Health-O-Rama

The Mahoning County Medical Society will again participate in the Health-O-Rama scheduled for Friday, March 4, and Saturday, March 5, 1994, at the Southern Park Mall. Co-Chairpersons Drs. Daniel Handel and Anthony Mehle are seeking volunteers to staff a Society booth for the two-day event. Anyone wishing to participate should contact the Society office at 788-4700.

In the News

Dr. Anand G. Garg has been elected vice-president of the Ohio State Medical Board. He is vice-president of the clinical staff of WRCS and serves as an MCMS alternate delegate to the OSMA.

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PERSPECTIVES ON MEDICAL PRACTICE – Take the Lead by Seeking Capitation

Capitated practice is the logical wave of the future, so be prepared for it. Get some experience by seeking out a few contracts while you're still otherwise profitable. You'll gain four ways by taking this approach.

Leif C. Beck

Editorial Note: We acknowledge the co-operation of Leif Beck, who has granted reprint rights for topics which have appeared in his regular monthly publication, The Physician's Advisory. His organization, The Health Care Group, with offices in Plymouth Meeting, PA, is a group of leading national consultants and attorneys specializing in medical practice organization and management.

By now, you know that medical practice is in the throes of dramatic change. That's not just because of President and Mrs. Clinton's reform proposals. The trends are driven by state legislation, managed care organizations (primarily HMOs) and employer initiatives. No one really knows how the reform proposals will play out, but we do know private practice will become different in many ways.

Surviving and Winning

Physicians aren't pleased to be thrust into this change. It's emotionally unsettling, and it threatens their financial stability. But unless you want to hang it up — get out of practice altogether — your best bet is to adapt. Be a survivor, indeed a winner (there will be winners), in what may end up as a better health delivery system than you expect.

If you think this way, it behooves you to orient your practice — and yourself — towards those developments likely to dominate the resulting system. You don't have to totally destroy your present practice to do so, but it makes no sense to ignore what you may have to master for continued success — or survival.

That's the theme of a speech I gave recently to a group of physicians and administrators. It included the near certainty that managed care — in one style or another — will become the dominant form for delivering medical services. Even more important, I expect capitation to be the cornerstone of managed care by the year 2000.

Capitation Means Risk

Many physicians misinterpret the term "managed care" as meaning simply a system for providing health at discounted fees. The operative word is "managed" — meaning that the doctor and his/her associates manage patient care so it is delivered effectively and efficiently. There's a difference!

That difference applies in spades when your managed care contract calls for capitated payment. Capitation transfers to you the responsibility — and even the risk — for cost-effective practice within an expected quality parameter. Whether a primary care doctor or a specialist, capitated arrangements present you with challenges you've never faced before.

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Well, let me give you four important reasons for getting into capitation now:

- The experience you gain in capitated practice will be invaluable when it really matters.
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- You'll learn your cost parameters so you can bid smarter as larger contracts come up a few years hence.
- You can even afford to lose money on a contract now — while it's within an overall profitable practice — if it gives you future advantage.

cont. on page 23

MCMS Holds Election at December Meeting

MCMS held its annual election of Council and Foundation Trustees at the Society's December Meeting held at the Youngstown Club, Tuesday, December 21, 1993. Ciba Pharmaceuticals provided a display, and Ciba representative John Basista was available for questions from the membership.

President Dr. Eric Svenson presided over the business meeting. He noted that all reports would be held for the January meeting.

Dr. Jane Butterworth, chairperson of the nominating committee, conducted the election of Council and the Foundation Trustees. The following candidates were elected:

President-elect

Daniel Handel

Secretary

Douglas Goldsmith

Delegate

James Anderson

Alternate Delegates

Anand Garg

Chris Knight

Richard Marina

Council Members-at-Large

Anthony Mehle

Nicholas Proia

Bhargava Ravi

Melinda Smith

Thomas Traikoff

Elizabeth Young

Foundation Trustees

Steven Kalavsky

Praabhudas Lakhani

Following the election, Past Sixth District Councilor Dr. James Anderson recognized ten members who were awarded the OSMA's "50 Years in Medicine" Award. Seven members were present to accept their awards. They were Drs. Louis Bloomberg, Patrick Cestone, Andrew Detesco, Frank Gelbman, John LaManna, Edward Shorten, and Joseph Tandatnick. Those physicians not present and receiving their awards later were Drs. James Patrick, Robert Heaver, and Kalmin Kurin.

Continuing a 15-year tradition of honoring excellence in medicine, the Society presented the 1993 Distinguished Physician of the Year Award to retired internist Dr. Henry Holden. Dr. Gabe DeCicco remarked on the recipient's outstanding medical career and commitment to community service. Society President Dr. Svenson then presented Dr. Holden with an inscribed plaque from the Society.

The following announcements were made:

Dr. Anand Garg was congratulated on being elected vice-president of the State Medical Board.

The Young Physicians were scheduled to host another "Health Matters Live Line" TV broadcast on Monday, January 24, 1993, at 8 p.m. on WYTV. Twenty physicians were to participate in the program. The Young Physicians, working with the Easter Seal Society and WYTV, plan to air three shows yearly.

The Society will next meet at the Youngstown Club on January 18, 1994. At that meeting, new officers will be installed. □

Society Presents Dr. Henry Holden With Distinguished Physician Award

Dr. Henry Holden, a well-known and much respected physician in the Youngstown community, was recently honored by the Mahoning County Medical Society. Dr. Holden received the Society's Distinguished Physician of the Year Award at the Society's Annual Meeting.

Dr. Holden, an internist, maintained a private practice in Youngstown for 31 years before retiring in 1987. Dr. Holden came to Youngstown in 1956 joining the medical staff at the Youngstown Hospital (YHA). His first office was located on East Federal Street, but he later moved to Belmont Avenue where his practice flourished for more than two decades until his retirement.

Dr. Holden came to Youngstown by a circuitous route. He was born in Duncan, Mississippi, but his family moved to Toledo, Ohio, when he was only nine months old. Dr. Holden grew up in Toledo but returned to the South to pursue his college education. He attended South Carolina State College on a basketball scholarship. While there, he was recognized as one of the country's top college players and was a member of the school's 1942 national championship team.

Although a career in professional sports beckoned after college, Dr. Holden chose to pursue a medical career and attended Meharry Medical College in Nashville, Tennessee. After graduating in 1948, he again traveled north to begin an internship at Harlem Hospital in New York City. Dr. Holden later returned to the South and completed a residency in internal medicine at the Veterans Hospital in Tuskegee, Alabama, in 1952.

Following his residency, Dr. Holden served as a flight surgeon with the U.S. Air Force during the Korean War. He then joined the medical staff of the V.A. Hospital in Tuskegee, Alabama, for two years.

Eventually, his desire to be closer to his family in Toledo brought him back to Ohio.

He came to the Youngstown area in 1956 where he established deep roots both within and outside the medical community.

Over the years, Dr. Holden's reputation as a concerned, dedicated physician grew as well as the many responsibilities he chose to shoulder. He has served numerous professional and community organizations over the years in many capacities. He has served as secretary, treasurer, and as president of the clinical medical staff at YHA. Although retired, Dr. Holden still serves on the Board of Directors of the hospital now known as the Western Reserve Care System. He is a past president of the Mahoning County Medical Society and has been an active member of the Ohio State Medical Association and the American Medical Association.

Dr. Holden's commitment to improving conditions for minorities and the disadvantaged in his adopted community is reflected in his position as president of two non-profit organizations, the Youngstown Area Development Corporation which assists minority business aspirants and Plaza View Apartments, a low-income housing development. Dr. Holden also serves on the boards of several corporations, including the Dollar Bank and the Youngstown Community Housing Corporation.

Dr. Holden resides in Liberty with his wife of many years, the former Velma L. Alexander. The couple have three adult children, Rosalind, a physician's assistant; Michelle, an accountant; and Henry, Jr., a funeral director.

Dr. Holden's dedicated commitment to excellence in the practice of medicine and his leadership and activism in the Youngstown community make him a truly worthy recipient of our Society's 1993 Distinguished Physician of the Year Award. □



Dr. Henry Holden

OSMA Presents "50 Years In Medicine" Awards

The Society recently recognized 10 members who received the OSMA's "50 Years in Medicine" award. Dr. James Anderson, a past sixth district councilor, presented awards to seven honorees who attended the Society's December meeting.

The following physicians were honored:

Retired Ophthalmologist Dr. Louis Bloomberg, a native of Youngstown, graduated from the Ohio State University School of Medicine, Columbus, OH, and served an internship and residency at Los Angeles County General Hospital, Los Angeles, CA.

Surgeon Dr. Patrick B. Cestone, a native of Youngstown, received his medical degree from the University of St. Louis School of Medicine, St. Louis, MO. He interned at St. Elizabeth Hospital and served his residency at Polyclinic Hospital in New York. Dr. Cestone, retired from private practice, is a Mahoning County Deputy Coroner.

Dr. Andrew A. Detesco, a Youngstown native, graduated from Marquette University School of Medicine, Milwaukee, WI, and served his internship and residency at Youngstown Hospital Association. A past president of the Medical Society, Dr. Detesco maintains a practice in Boardman.

Retired psychiatrist Dr. Frank Gelbman graduated from the Ohio State University School of Medicine, Columbus, OH. A Youngstown native, Dr. Gelbman interned at Youngstown Hospital Association and completed a residency at Royal Victoria Hospital (McGill University) Montreal, Canada.

Family practitioner Dr. John R. LaManna Sr., a Youngstown native, graduated from the University of Louisville School of Medicine, Louisville, KY. He interned at Youngstown Hospital Association and maintains a practice in Youngstown.

Retired surgeon, Dr. Edward A. Shorten,

a native of Youngstown, obtained his medical degree at Western Reserve University School of Medicine, Cleveland, OH, and completed an internship and residency at Youngstown Hospital Association.

Retired pathologist Dr. Joseph W. Tandatnick is a native of Brooklyn, N.Y., and a past president of the Mahoning County Medical Society. He graduated from Glasgow University, Anderson College of Medicine in Glasgow, Scotland, and served his internship and residency at Bronx Hospital, New York City, NY.

The following doctors were unable to attend:

Dr. Robert J. Heaver, a retired general practitioner who now resides in Florida, is a native of Youngstown and a graduate of Case Western Reserve University School of Medicine, Cleveland, OH. Dr. Heaver served his internship and residency at Youngstown Hospital Association.

Dr. Kalman C. Kunin, a native of New York, graduated from McGill University School of Medicine, Montreal, Canada. He completed his internship at Royal Victoria Hospital, Montreal, and his residency at Mt. Sinai Hospital, Cleveland, OH. The retired obstetrician-gynecologist now resides in Madison, WI.

Dr. James A. Patrick, a retired obstetrician/gynecologist, is a native of Youngstown. He graduated from the University of Louisville School of Medicine, Louisville, KY, and interned at Youngstown Hospital Association.

The ten physicians honored by the Ohio State Medical Association have given a total of one-half millennium of distinguished service to their communities and the field of medicine. Our Society is honored to salute some of medicine's most stalwart practitioners. □

At a Glance

(From left to right)
Dr. Eric Svenson,
Rep. Rose Vesper and
Dr. Dan Handel
(November Meeting)



Joe Simko, Pfizer Representative
(November Meeting)

(From left to right)
Drs. Antonio Gestosani,
Shaukat Hayat, Chong
Lee, and Santa Claus
(Christmas Party)



(From left to right) Dr. Raymond Lupse and
Mary Walton (Style Show)



(From left to right) Rudolph, Anita Gestosani,
Marcy Turocy, Santa Claus and Donna Hayat
(Christmas Party)



(From left to right) Henry Holden Jr., Pam Holden, Dr. Henry Holden, Velma Holden and Michelle Holden (December Meeting)



(From left to right) Dr. Henry Holden, Dr. Eric Svenson, Dr. Gabe DeCicco (December Meeting)



(From left to right) Charlotte Tandatnick, Dr. Joseph Tandatnick, Dr. Pravis Soleimani and Suzy Soleimani (December Meeting)

(From left to right) Drs. Frank Gelbman, Andrew Detesco, John LaManna, Edward Shorten, Louis Bloomberg, Patrick Cestone, *(Seated)* Dr. Joseph Tandatnick (December Meeting)



John Basista, Ciba Representative (December Meeting)



Ohio Rep. Rose Vesper Is Guest Speaker

The Mahoning County Medical Society welcomed Ohio Representative Rose Vesper (R-72nd) as a guest speaker for the November 16 Society meeting. Rep. Vesper spoke on "Effective Communication with Legislators."

Prior to the dinner meeting, Joseph Sinko of Pfizer Labs presented a product display.

The membership welcomed new resident members Drs. Ruben Ortiz and Pedro Yepes.

The members approved an assessment of \$10.00 per member for the Society Foundation Student Loan Program, effective for the year 1995. This assessment will be included in each member's annual dues statement.

Dr. Jane Butterworth, chairperson of the nominating committee, reviewed the nominating ballot.

The proposed slate of candidates for 1994 as submitted by the nominations committee and by the members at this meeting will be mailed to the membership. The slate will be presented at the December meeting.

SLATE OF CANDIDATES FOR 1994

President-elect **Daniel Handel**
Secretary **Douglas Goldsmith**
(elect 1) **Parduman Singh**
Delegate **James Anderson**
Alternate Delegates **Anand Garg**
(elect 3) **Richard Gentile**

Chris Knight
Richard Marina

Council Members
at Large (elect 6) **Anthony Mehle**
Nicholas Proia
Bhargava Ravi
Melinda Smith
Thomas Traikoff
Elizabeth Young

Foundation
Trustee (elect 2) .. **Steven Kalavsky**
Prabhudas Lakhani

Members may make nominations from the floor at that meeting.

The next meeting will be held on Tuesday, December 21, at the Youngstown Club. □

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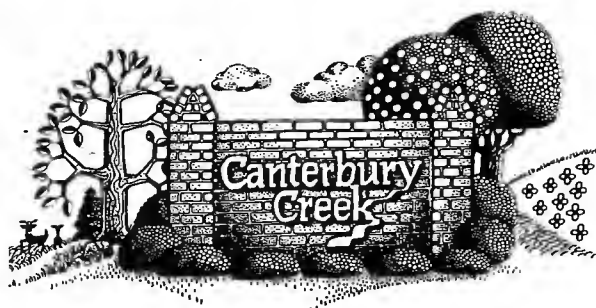


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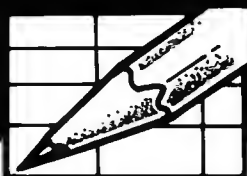
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Maurice A. Battle MD
Cardiovascular Disease
Office: 6505 Market Street #201
Phone: 726-0100
MED. ED: Univ. Complutense
Madrid, Spain
REDCY: St. Francis Medical Center
Pittsburgh, PA
FELLOW: St. Francis Medical Center
Pittsburgh, PA
FELLOW: Univ. of South Florida
Tampa, FL



Sergul A. Erzurum MD
Ophthalmology
Office: 10 Dutton Drive
Phone: 746-7691
MED. ED: NEOUCOM
INTERN: Western Reserve Care System
Youngstown, OH
REDCY: Northwestern Memorial Hospital
Chicago, IL



Jeffrey R. Rubin MD
Vascular Surgery
Office: 345 Oak Hill Ave.
Phone: 740-4846
MED. ED: Northwestern Univ. Medical School
Chicago, IL
INTERN: Northwestern Memorial Hospital
Chicago, IL
REDCY: Northwestern Memorial Hospital
Chicago, IL
FELLOW: University of Arizona Medical Ctr.
Tucson, AZ



Michael L. Scavina MD
Cardiology
Office: 7655 Market Street #2750
Phone: 758-7703
MED. ED: Ohio State Univ. School of Medicine
Columbus, OH
REDCY: Western Reserve Care System
Youngstown, OH
FELLOW: St. Francis Medical Center
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Physician's Advisory (cont. from pg. 14) **This is the time to make yourself a capable player in the game ahead.**

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low p.m.p.m. rate.* The group got in over its head before it had any experience on the subject. The doctors' take-home pay tumbled!

I know of other small groups in various specialties that entered modest-sized contracts and made out beautifully. Some report doing better in capitation than on much of their fee-for-service work. They are becoming increasingly confident that they'll be able to cope as capitation grows.

Which scenario do you prefer? My vote is for gaining experience at a price you can afford. ☐

* Per member per month, the common payment basis under capitated contracts.



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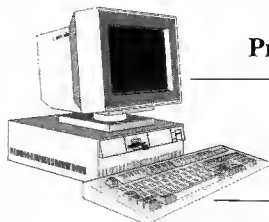
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Sculpture II

Serigraph, HC

Joan Miró

One hundred years ago, on April 20, 1893, Joan Miró was born in Barcelona. He began his art career at the age of 18 and lived to see his fame spread throughout the world. (He died Christmas 1983). His art is synonymous with his name; it is so uniquely Miró's. But then, Joan Miró was a unique man. Like his art, Miró was a paradox of opposites. In his youth, he was a boxer, but he also loved poetry. He could be a recluse yet delight in humor and childlike curiosities.

Miró's art is a hidden world of magic and mysticism. It is a pictorial language all his own, almost like Japanese calligraphy. "My work is intended as a poem translated into music by a painter." To Miró, a form was never abstract. It was always a sign of something ... a man, a bird. He abhorred the idea of being classified as an abstract artist. He was more a master of modernism. From the many walks Miró took through his nearby village, mountains, and shores, he would pick up bits of torn paper, tickets, stones, feathers, rusty sardine cans.... Everything was important; it breathed a life of mystery. Miró would arrange these collected scraps on his studio floor, rearrange them, study them, think about them. As far as he was concerned, he never invented a shape but was inspired by these found objects. A line in his drawing could represent a mountain range; a curve could be the whitecaps of a speedboat's wake. Everything existed. "Every grain of dust has a marvelous soul, but to understand it we must rediscover the religious and magical meanings of things...."

There was a time in Miró's younger art career when he was so poor, so hungry, that he became subject to hallucinations. He began to work away from realism and

drew from these hallucinations. They were called "dream paintings" or "mystic visions." This did not mean, however, that these paintings were meaningless, "... as if the marks I put on canvas did not correspond to a concrete representation of my mind, did not possess a profound reality, were not a part of the real itself." Miró's art appears spontaneous but whatever was begun at random always ended up precisely calculated. "In my paintings, there is a kind of circulatory system - if even one form is out of place, the circulation stops, the balance is broken."

Miró was also a great master of color and of balance. He never treated color and form as an end in themselves but as a tool to bring a poetic understanding of art to the viewer. "To make us see, the poet does not always express himself through visual images." There are spatial movements and relationships. The visual point, the vanishing points and horizon are not to be sought on the picture plane but in imaginary planes behind and in front of it. Each of his paintings invites the viewer to associate himself with it, to find his own way into it, in order to grasp the secret of his own existence through this meeting with the unknown.

"The main thing is to lay bare the soul.... Painting and poetry are like love ... a passionate embrace without restraint ... the picture is born of an overflow of emotions and feelings."

The message in Miró's art is that observers should learn to see a whole universe in the smallest of things. He brings all this to his canvas in a way that allows the individual viewer to find them on the viewer's own terms. That - is a master painter indeed. □



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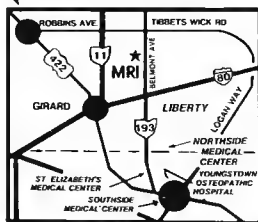
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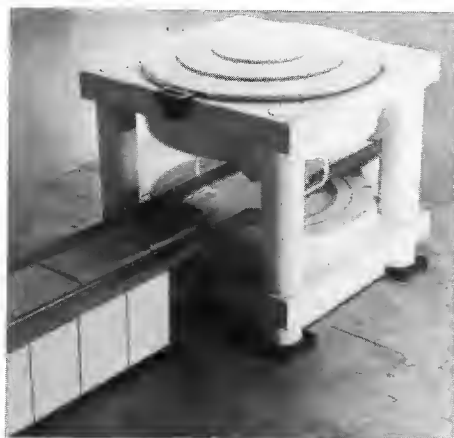
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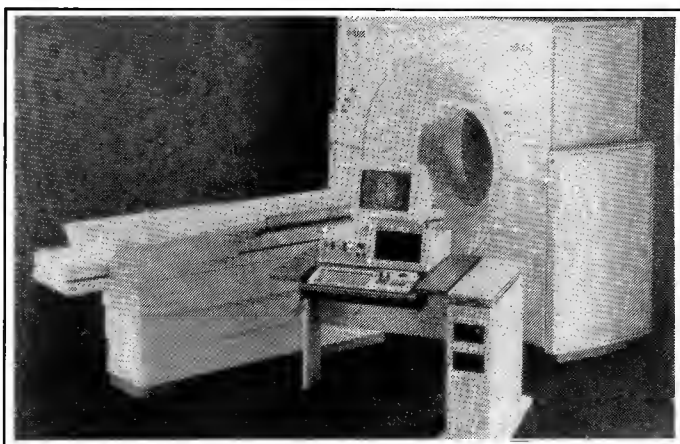
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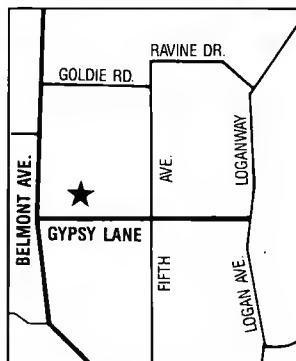
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60 Years Ago — Nov./Dec. 1933

John Noll had an article on rabies, which was on the increase. He outlined the criteria for the diagnosis and the procedures to be followed after dog bites. **B. J. Dreiling** had an article in the *OSMA Journal* describing a "Penetrating Wound of the Heart and Lung and the Successful Removal of the Foreign Body" - presumably a bullet.

50 Years Ago — Nov./Dec. 1943

The war (WWII) was almost two years old, and everyone was feeling the strain. **Gordon Nelson** was in Oran, complaining about the lack of soap. **Gabe DeCicco** was somewhere in the Pacific, complaining about living on C-rations. At home, food, tires and gasoline were rationed. The doctors remaining at home were swamped with work.

40 Years Ago — Nov./Dec. 1953

The Korean war was over, and the secretary of defense announced that it was not necessary to extend the doctor draft, but the draft went on anyway. **W.E. Sovik** became a fellow in the A.C.S.. **Paul Ruth** was certified as a Diplomate of the American Board of Ophthalmology. New members were **Jim Gillis, R.R. Fisher, Frank K. Inui, Robert V. Bruchs, Robert L. Jenkins, William H. Gross, Herman L. Allen** and **Joseph J. Campolito**.

30 Years Ago — Nov./Dec. 1963

The Medical Society raised \$1,318 for the Esther Hamilton Christmas Show. President **Asher Randall** said that Esther Hamilton (of the *Vindicator*) was the best friend medicine had in this community. **Richard Roland** was elected president of the Mahoning County Academy of Family

Practice, and **Fred Friedrich** was elected secretary. **John McDonough** sponsored an art festival to raise money for the USS Hope. It was well attended and raised \$3000. **Richard Murray, Bernard Schneider, Lou Bloomberg** and **Armin Banez** were departing on a teaching tour of the Far East, including the Philippines, Hong Kong and Japan. President John Kennedy was assassinated, and the nation mourned. **Michael Zervos** died at the age of 74 soon after a testimonial dinner held in his honor.

20 Years Ago — Nov./Dec. 1973

Outgoing President **Ed Pichette** made an appeal for "compassionate competence" among the members of our profession. Newly elected officers were **John C. Melnick**, president; **George Dietz**, secretary; and **Y.T. Chiu**, treasurer. Editor of the *Bulletin* was **Lou Bloomberg**. The only new member was **Y.V. Ginde**.

10 Years Ago — Nov./Dec. 1983

Outgoing President **Paul Mahar** foresaw the changes in the practice of medicine that were being discussed in the media and urged the members to become more involved in the MCMS. **Sam Goldberg** was voted "Doctor of the Year." □



Robert R. Fisher, MD

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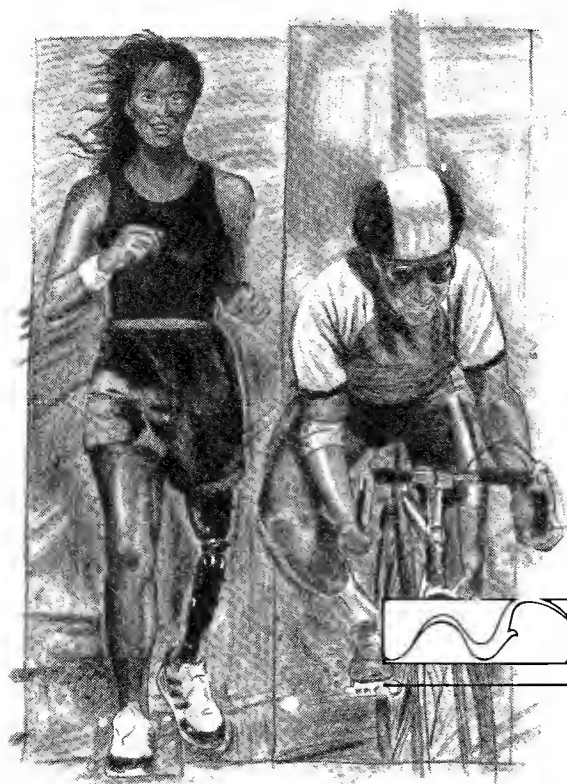
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The Society wishes to acknowledge the following members who have participated in the "Adopt A Resident Program." This year the program aponsored 61 residents who have applied for membership in the MCMS and the OSMA.

| | | |
|---------------------------|--------------------------|----------------------------|
| Thomas Albani | Anand Garg | Jon Molisky |
| Chester Amedia | Robert Gilliland | Sandy Naples |
| James Anderson | Brian Gordon | Kevin Nash |
| Rebecca Bailey | Daniel Handel | Eleanor Pershing |
| Augustine Biscardi | Robert Jenkins | Robert Piroli |
| Albert Bleggi | Kenneth Kaplan | R. Soundararajan |
| Denise Bobovnyik | Hira Khanna | Eric Svenson |
| Thomas Boniface | Chris Knight | Leonidas Vassilaros |
| Jane Butterworth | Chander Kohli | Hai-Shiuh Wang |
| Y.T. Chiu | Prabhudas Lakhani | Lyn Yakubov |
| David Dunch | Richard Marina | Jose Yap |
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Alliance News

The Mahoning County Medical Society Alliance held its annual charity fundraiser on November 4, 1993, at Powers Auditorium in Youngstown. The theme for the luncheon and fashion show was the "Orient Express." More than 300 people attended the event which featured fashions from Sak's Fifth Avenue, a Chinese auction, and a grand raffle. Dr. Raymond Lupse was the guest speaker.

Chairperson Mary Walton and co-chair Cara Lee headed a committee of 23 members. A \$5,000 check was presented to Mr. Paul Rossi of the Mahoning County unit of the American Cancer Society. The proceeds from the program were designated for breast cancer research.

On December 19, 1993, members of the Alliance and their families gathered at the Lockwood House in Boardman for a Christmas Brunch. Marcia Turocy, Anita Gestosani and Donna Hyat chaired the festive occasion. Those who attended enjoyed a spirit of fellowship and sharing. Members were asked

to bring donations of new clothing to assist families at the Sojourner House.

The alliance is going forward with plans for its first major project of the new year, "Sumptuous Settings 1994." Please help us make this next project an outstanding success. □

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| | | | |
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| Advanced Radiology | 2 | MRI Cooperative..... | 28 |
| Barrett Cadillac | 38 | O.P.T.I.O.N. Care | 30 |
| Boardman X-ray | 31 | Outpatient Therapy | 12 |
| Community Medical | 7, 9, 11 | Park Vista | 21 |
| Convamed | 25 | PICO | 32 |
| DeBald & Co., Inc. | 38 | Professional Recovery Plus | 35 |
| Gluck Agency | 13 | Southwoods X-ray | 24 |
| Health Infusion | 39 | Spath & Zimmermann | 27 |
| Mahoning Bank | 21 | Steve T. Shelton | 22 |
| McBarscot Company | 37 | Stillson & Donahay | 4 |
| Medical Billing | 24 | The Valley's Medical-Professional Bureau | 7 |
| Medical-Dental Bureau | BC | Tod Children's Hospital | 5 |
| Microsys Computing | 30 | Visiting Nurses | 28 |
| Midwest Prosthetic | 35 | Volpini and Associates | 22 |
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